

**AIM:** Describe the relationship between cancer patients' use of specialist palliative care (PC) and their experience of aggressive end-of-life (EOL) care



### DID PATIENTS EXPERIENCE AGGRESSIVE EOL CARE?

If a patient experienced any of these event in the last month of life: (1) new chemotherapy regime (any chemotherapy in last 14 days), (2) >1 emergency department visit, (3) >1 hospital admission, (4) >14 days of hospitalization, (5) any intensive care unit admission, (6) hospital death.



### DID PATIENTS USE SPECIALIST PC?

If a patient used any of these health care services after their cancer diagnosis: (1) palliative consult team, (2) pain and symptom clinic, (3) PC unit, (4) palliative home care, (5) hospice.

## The patient cohort and healthcare context



### PATIENTS (N=9029)

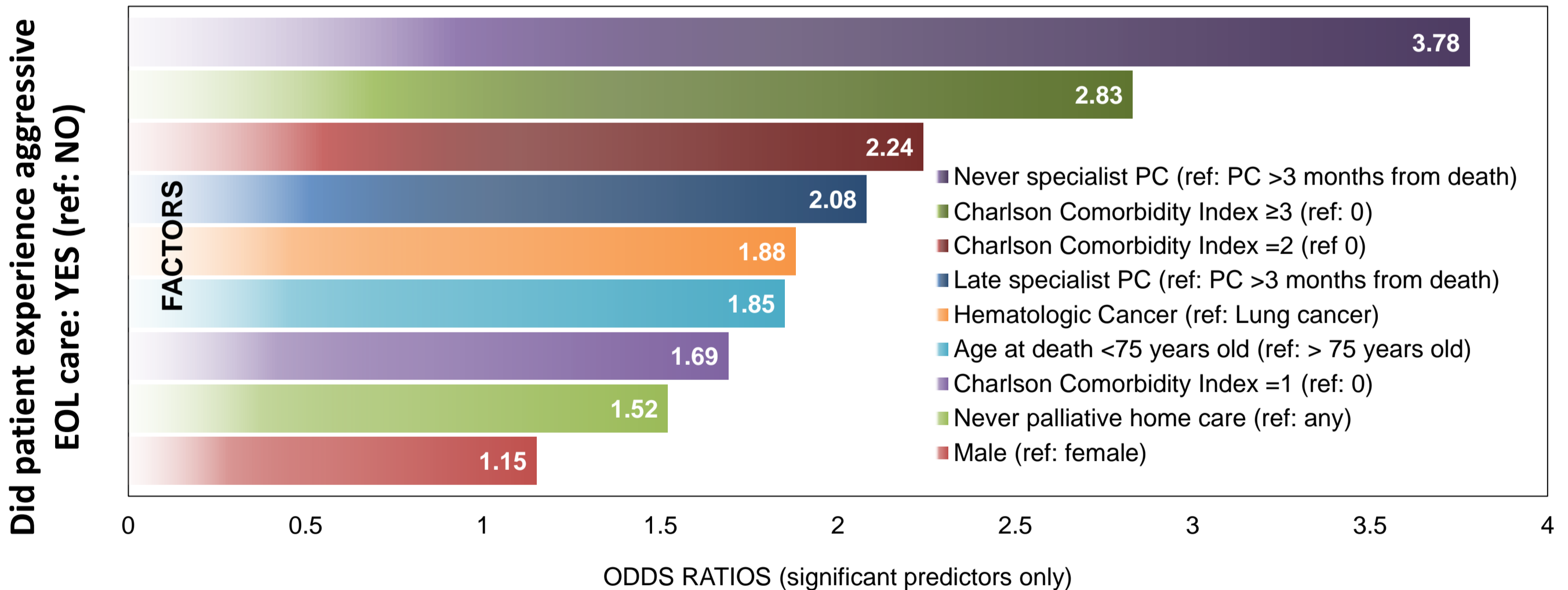
- Died of cancer between 2003-2010
- Lived with cancer diagnosis > 1 month
- Resident of Calgary, Alberta, Canada
- Adult



### CONTEXT

- Health care is population-based but divided into geographical regions; we focused on Calgary region.
- Primarily an urban population of ~1.1 million.
- One tertiary comprehensive cancer centre.
- One mature Palliative and End-of-Life Care Program

## Clinical and demographic factors that increased patients' risk of experiencing aggressive EOL care



### Interactions in the data



When younger patients don't access specialist PC (versus any use), the odds of aggressive EOL care are higher than in older patients ( $OR_{<70 \text{ years}} = 3.3$ ,  $OR_{\geq 70 \text{ years}} = 1.7$ )

### Interpretation/ Conclusion

Efforts to ensure **earlier** specialist PC for all patients, but particularly for younger patients, could improve quality of care (reduce aggressive EOL care) for advanced cancer patients in the last month of life.

